

ISSUE

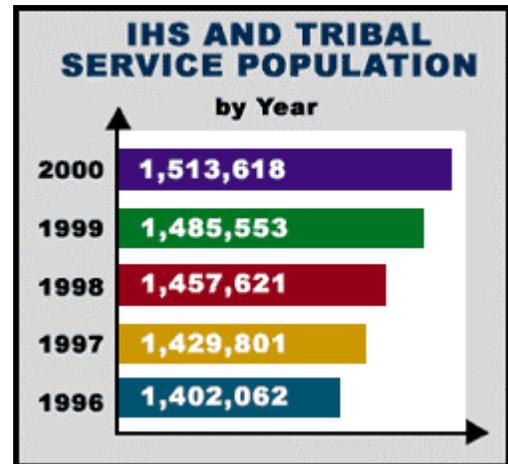
The American Indian and Alaska Native population is increasing at a greater pace than the capacity of the Indian health system to provide services. The Indian Health Service (IHS) program is a discretionary service subject to annual appropriation amounts. To extend resources, some tribes are proposing modification of the IHS policy on who is eligible for health services.

BACKGROUND

When tribes contract or compact an IHS program, they generally adopt the IHS policy on service eligibility. Those eligible for services provided by the IHS are members and descendants of members of federally recognized tribes.

The combination of an increasing population and extended life expectancy, changes in community disease patterns from acute to chronic diseases, limited resources for purchasing needed medical services at the local level, an aging medical infrastructure, increasing costs to provide care, technological advances and associated expenses, and limited resources result in denial of health services.

As demand for services has increased, maintaining program solvency has required tribes to be more restrictive in the provision of services. This has become very controversial in many tribal communities, causing a re-evaluation of service priorities and beneficiaries.



The IHS advises tribes to restrict services based on relative medical need rather than tribal affiliation. This approach involves clinicians prioritizing care and results in needed services being deferred or denied. Some tribes have supplemented the limited amount of funds provided by the IHS with other tribal resources; however, most tribes do not have the means to add to their health program.

SITUATION

Several tribes have proposed that the IHS eligibility policy be changed. The IHS has determined that tribes can redefine their service populations for programs that they contract/compact under the Indian Self-Determination authorities. The IHS has also determined that if a tribe redefines its service population, then the funds intended for the provision of services to those Indians being disenfranchised should be returned to the agency.

The tribes' position is that the amount of funds being provided is already inadequate to meet the needs of an already strictly defined eligible population. Their position is supported by studies concluding that IHS programs are grossly underfunded. Any unused funds returned to the IHS would support only a limited direct service program for the disenfranchised. The lack of facilities and the relatively small numbers of patients would make provision of a direct service program economically prohibitive.

OPTIONS/PLANS

This issue may be the basis for a tribal/IHS collaborative review of the IHS eligibility policy. A previous agency proposal to change eligibility was controversial, causing the Congress to bar implementation of the proposed changes. At a minimum, an accurate system of distributing funds based on need is indicated.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.